

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032965

FILED VS. SEP 22 1959 7 8

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 80

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Length of stay in 1b XXXXX	c. CITY OR TOWN LEWISTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXXX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXXX
3. NAME OF DECEASED (Type or print) First RAMON Middle ALANSON Last WELLS		4. DATE OF DEATH Month SEPTEMBER Day 10 , Year 1959	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AUTO		11. BIRTHPLACE (City and state or country) LEWIS COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY U S A	

13a. FATHER'S NAME E. A. WELLS		13b. MOTHER'S MAIDEN NAME TABITHA RAGAN		14. NAME OF HUSBAND OR WIFE HAZEL WELLS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXX 500-36-2802	17. INFORMANT Address HAZEL WELLS Lewistown, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of the liver and lungs			4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) (Original site of carcinoma - lungs)		
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY
			STATE	

21. I attended the deceased from **Sept. 4, 1959** to **Sept. 10, 1959** and last saw her/him alive on **Sept. 10, 1959**
 Death occurred at **9:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Harry L. McBratney</i> D.O.		22b. ADDRESS La Belle, Missouri	22c. DATE SIGNED 9/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/13/59	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW	23d. LOCATION (City, town, or county) (State) LA GRANGE, MISSOURI

24. FUNERAL DIRECTOR <i>Charles J. Crabb, Jr.</i>	ADDRESS Lewistown, Mo.	25. DATE RECD. BY LOCAL REG. 9-15-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Henry Lloyd</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT-5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.